



**Town of Lexington**  
**Land Use, Health and Development Department**  
**Office of Public Health**  
**1625 Massachusetts Avenue**  
**Lexington, MA 02420**  
(781)-698-4533  
Fax (781)-861-2780

Permit Number: \_\_\_\_\_  
Issued Date: \_\_\_\_\_  
Permit Fee: \_\_\_\_\_  
Check #: \_\_\_\_\_

Gerard F. Cody, R.E.H.S./R.S.  
*Health Director x 84503*

Kathy P. Fox, R.E.H.S. /R.S., C.H.O., CP-FS  
*Environmental Health Agent x 84507*

David Neylon, B, S.N., R.N.  
*Public Health Nurse x 84509*

**Board of Health**

Wendy Heiger-Bernays, PhD, Chair  
Sharon Mackenzie, R.N., CCM  
Burt M. Perlmutter, M.D.  
David S. Geller, M.D.  
John J. Flynn, J.D.

**Application for Permit to Transport and/or Dispose of Septage/Grease**

|  |
|--|
| Business or Trade Name:                      |
| Business Address:                            |
| Mailing Address (if different):              |
| Telephone # of Business:                     |
| Name and Title of Applicant:                 |
| Address of Applicant:                        |
| Telephone # of Applicant:                    |
| Email Address:                               |
| Name of Owner (if different from applicant): |

**If corporation or partnership, given name, home address, below if more room is needed please attach information:**

| Name | Title | Home Address |
|------|-------|--------------|
|      |       |              |
|      |       |              |
|      |       |              |

| Vehicle Registered to | Vehicle Registration |
|-----------------------|----------------------|
|                       |                      |
|                       |                      |
|                       |                      |

**Name and address of facility where Septage/Grease is disposed of:**

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### **Applicant Emergency Information**

*We must be able to contact you in case of an emergency. We DO NOT WANT a corporate address. We require personal addresses where responsible people can be reached at any time.*

|   |
|---|
| <b>Name of Business or Company:</b>             |
| <b>Name of Owner and/or Manager</b>             |
| <b>Address (Home):</b>                          |
| <b>Telephone # (Cell/24 Hour):</b>              |
| <b>E-mail Address:</b>                          |
| <b>1<sup>st</sup> Alternate Contact (Name):</b> |
| <b>Address (Home):</b>                          |
| <b>Telephone # (Home):</b>                      |
| <b>Telephone # (Cell/24 Hour):</b>              |
| <b>Email Address:</b>                           |

**Pursuant to MGL Ch. 62C sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.**

**Federal ID: \_\_\_\_\_ OR Social Security Number: \_\_\_\_\_**

**Signature of Individual or Corporate Name:**

\_\_\_\_\_

**I, \_\_\_\_\_ the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.**

**Signature \_\_\_\_\_**